

State of Alaska H1N1 Vaccine Administration Reporting Form

Please fill out one form for each day that Novel H1N1-09 vaccine is administered at your facility and fax to **907-561-0847** when completed.

Facility: _____ Contact person: _____ Phone number: _____

PIN #: _____

Date Vaccine Administered: _____

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Last 4 Digits of SSN</i>	<i>DOB</i>	<i>Street Address</i>	<i>City</i>	<i>Zip Code</i>	<i>Mom's maiden name (for kids <19 years)</i>	<i>Vaccine Code</i>	<i>Lot #</i>
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Vaccine Codes: **N** = Influenza Nasal Spray, **S** = Influenza Split, **P** =Preservative Free Influenza Split